



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER			
Indianapolis Power & Light		3700 S. Harding Street			
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Indianapolis	IN	46217	Marion	97	02
09 COORDINATES LATITUDE		LONGITUDE			
39° 42' 35".N		086° 12' 00".W		Maywood, In Quad.	

10 DIRECTIONS TO SITE (Starting from nearest public road)

Site is located one mile north of I-465 at 3700 S. Harding ST.

EPA Region 5 Records Ctr.



303840

III. RESPONSIBLE PARTIES

01 OWNER (If known)		02 STREET (Business, mailing, residential)			
Indianapolis Power & Light Co.		Box 1595 B			
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER		
Indianapolis	IN	46206	(317) 261-8556		
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
David Barnard		same			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER		
			(317) 788-5268		

13 TYPE OF OWNERSHIP (Check one)

- ☐ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☒ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

- ☒ A. RCRA 3001 DATE RECEIVED: 8 / 18 / 80 MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION		BY (Check all that apply)			
<input checked="" type="checkbox"/> YES	DATE 6 / 17 / 87	<input type="checkbox"/> A. EPA	<input type="checkbox"/> B. EPA CONTRACTOR	<input checked="" type="checkbox"/> C. STATE	<input type="checkbox"/> D. OTHER CONTRACTOR
<input type="checkbox"/> NO	MONTH DAY YEAR	<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL	<input type="checkbox"/> F. OTHER: _____ (Specify)		
CONTRACTOR NAME(S): _____					
02 SITE STATUS (Check one)		03 YEARS OF OPERATION			
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

None

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

None

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

- ☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed. complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
Harry Atkinson		IDEM		(317) 232-8927	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Alan Freed AF 4/17		IDEM	OSHW	(317) 232-8931	3 / 18 / 88 MONTH DAY YEAR



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: _____ (Acres)	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION
01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

NA

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

